

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AP	JC 980	03-30-01
RESPONSE FORMALITY REVIEW	MD	JC 980	05-09/01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE CO

Claim	Date
Final	
Original	
1	5/02
2	5/02
3	5/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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